

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90030 009 \*\*\*158.75

**DOCUMENT # P03000035817**

1. Entity Name  
**BOUNCIN' HOUSE, INC.**



Principal Place of Business  
**9660 NW 76 CT  
TAMARAC, FL 33321 US**

Mailing Address  
**9660 NW 76 CT  
TAMARAC, FL 33321 US**

**54061893**

2. Principal Place of Business  
**8301 NW 20 CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**19700 SW 86 AVE**  
Suite, Apt. #, etc.



07062004 Chg-P CR2E034 (10/03)

City & State  
**Sunrise, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**05-0562491**

Applied For  
Not Applicable

Zip  
**33322**

Country  
**USA**

Zip  
**33189**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, SEAN D  
9660 NW 76 CT  
TAMARAC, FL 33321**

DEPARTMENT OF STATE

Name

Street Address (P.O. Box Number is Not Acceptable)

**19700 SW 86 AVE**

City  
**MIAMI**

FL

Zip Code  
**33189**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-9-04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
THOMPSON, SEAN D  
9660 NW 76 CT  
TAMARAC, FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
Brooke E. Schneider  
19700 SW 86 AVE  
MIAMI, FL 33189** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/T/D  
Sean D. Thompson  
19700 SW 86 AVE  
MIAMI, FL 33189** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-9-04 954-347-5131**